mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state AD. Every item of infor-Exact statement of OCCUPA-LY, WITH UNFADING INK-THIS IS A PERMANENT REC CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.—WRITE PLA

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		Be 10
County Howard.		Registration Dist. No.
Village or City May Liels	./	五 · · · 2 · R
Length of residence in city or town where death or	(1)	No. New Control of the North No. 1 N
	guired yrs	
2. FULL NAME Clara	ane roow	If U. S. Veteran specify WAR
(a) Residence: No. 4607460	Usual place of abode)	St., Ward. State If nonresident give city or town and State
PERSONAL AND STATISTICAL		MEDICAL CERTIFICATE OF DEATH
	NGLE, MARRIED, WIDOWED, DIYORCED (write tha word)	21. DATE OF DEATH 00. 13 193
33. If married, widowed of divorced HUSBAND of (or) WIFE of	Carlein	(Month) (Day) (Yéar) 22. HEREBY CERTIFY, That I attanded deceased for
your vin	300000	October 1/ 1937, to October 13, 193
6. DATE OF BIRTH (month, day, and year)	13, 1866	t lest saw h. R. alive on a Carallet 3, 19-37; deeth is s
7. AGE Yarrs Months	Deys tf LESS than 1 dey,hrs.	to heve occurred on the data stated above, at
8. Trade, profassion, or particular	ormin.	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	use Walk	(arcinoma of Intestine unto
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 10. Date daceased last workad at	Home	0
10. Date daceased last worked at this occupetion (month and year)	11. Total timo (yeers) spent in this occupation	A for advantagement for the
12. BIRTHPLACE (city or town) Salts (State or country) Mary L	Co	Other Contributory Causes of Importance:
13. NAME Willesin	osblic	1
13. NAME Milliam 6 14. BIRTHPLACE (city or town) Balti (State or country)	Co duel.	Nama of operation plantage of Land Was there an autopsy?
15. MAIDEN MONTHERINE	tomer	23. If daath was due to externel causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) (Steta or country)	ylvania	Accident, suicida, or homicide?
17. INFORMANT MRS. NOSS 7400' (Address) Ellicod CV	le la	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURTAL, CREMATION OR REMOVAL Place Tropped July Date	Def. 16,1937	Manner ol injury
19. UNDERTAKER Eastow S. (Addrass)	ous	24. Was disease or Injury in eny way ralated to occupation of deceased?
20. FILED Det 76, 1937 alice	e It Hebb. Registrar.	(Signed) (Signed) Ellicoff Cely and
If more blanks	are needed, address State Registrar.	2415 N. Charles Street, Baltimore, Requesting V. S. No. s.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street cor	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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VRI	ation	AUS	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND-CERTIFICATE OF DEATH

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Т	11	1.3	44	Pa.
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1. PLACE OF DEATH	952
County Howard	Registration Dist. No. 191
Village or City Ellicat Cely	No. Werner ave St., Ward
Length of residence in city or town where death occurred 30 yrs	(If death occurred in a horpital or institution, give its NAME instead of street and number) nosds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Caroline 6. Frem	If U. S. Veteran, specify WAR
(a) Residence: No. Werrer ave (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED (Grice the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (manth, day, end year) Oct 15, 186	3 I last saw h.e.f. alive on 0 - 15 19 3 7; death is sain
7. AGE Years Months Days If LESS than	
74 - I day,hi	The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	arteriorlesvili Cardio Vascular 1930
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Hypertensin 1936
10. Date deceased last worked at this occupetion (month and year) year occupetion.	general murriage Ott 17
12. BIRTHPLACE (city or town) Baltuniore Co	Other Coatributory Causes of importance:
(State or country) Waryland.	
Ε ()	Name of a continuous Control of Control
[State or country]	Name of operation Date of What test confirmed diagnosis? Chriscal Was there en eutopsy?
15. MAIDEN NAME atherice My ers	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME albernie Myers 16. BIRTHPLACE (city or town) 16. State or country	Accident, sulcide, or homicide? Date of Injury, 19
∑ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Fieldwick Werner (Address) Elwas City	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place Date Del 19, 19.3	Menner of injury
19. UNDERTAKER Castow Sous	24. Was disease or injury In any way releted to occupation of deceased?
20 FILED Och 18, 1937 John B. Loughase	(Signed) Swy & Burgton M.
Registrar.	ar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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S Date of onset	
1 week ago	
1 week ago	
3 days ago	
1 year	

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN
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5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, end year)

8. Trade, profession, or particular

9. Industry or business in which

10. Date deceased lest worked at

12. BIRTHPLACE (city or town) (State or country)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town). (Stete or country)

18, BURIAL, CREMATION, DR REMOVAL

15. MAIDEN NAME

(Address)

19. UNDERTAKER (Address)

(Stete or country)

kind of work done, as SPINNER,

SAWYER, BDOKKEEPER, etc ...

work wes done, as SILK MILL. SAW MILL, BANK, etc ...

this occupation (month and

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(or) WIFE of the

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13. NAME

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Village or City rear (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. if of foreign birth?_ 2. FULL NAME PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)

Days

11. Total time (years)

spent in this

occupation __

If LESS than

1 day, ____ hrs.

or min.

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH (Month) (Day) (Yeer) 22. I HEREBY CERTIFY. That I attended deceased from to have occurred on the date stated above, at The PRINCIPAL CAUSE OF DEATH and related causes of importence Date of onset 10-26-5 Other Contributory Canses of importance Neme of operation ____ Whet test confirmed diegnosis? ----- Wes there an autopsy? N.O. 23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or hogilcide?______ Date of injury______ 19_ Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE,

24. Was disease or injury in any wey related to occupation of deceased?

Registration Dist. No.

FOR BINDING RESERVED

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Manner of injury

Nature of injury.

if so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Date of onset	The principal cause of death and related causes	
3 4	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
- Aller		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-CERTIFICATE OF DEATH

STATE OF MARKIEMIE	CERTIFICATE OF BEATTI
PLACE OF DEATH	92:0
County Howard	Registration Dist. No. 190
Village or City Waterloo Md	NoSt.,War
010	If death occurred in a hospital or institution, give its NAME, instead of street and number)
Length of residence in city or town where death occurred	sds. How long In U.S. if of foreign birth?yrsmosd
FULL NAME John, J. Meller	if U. S. Veteran, specify WAR
(a) Residence: No. Selfishar D.F.D. M	St. Ward.
(d) Residence, 10. (Usual place nr abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
A COLOR OR PLOT	24 DATE OF DEATH

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of of (or) W	22. I HEREBY CERTIFY, That I attended deceased from 19-7, to
7. AGE Years Month's Days If LESS than 1 day,h ormin. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.t. 9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this year) occupation 12. BIRTHPLACE (cityer town)	Other Contributory Canges of importance: 13 10 11 10 10 10 10 10 10 10 10 10 10 10

(State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town),

(State or country)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (city or town) (State or country)

(Address)

23. If death was due to external causes (VIOL ENCE) fill in also the following:

What test confirmed diagnosis? Was there an autopsy? Pro

(Specify Etty nr town, county and State)
Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

24. Was disease or injury in any way related to occupation of deceased?

if so, specify

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

should state OCCUPA-

PHYSICIANS Exact statement

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mation should be carefully supplied.

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CAUSE OF DEATH in plain terms,

TION is very important.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		The second secon	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			n sening.

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

N. B.-WRITE PLANT

V. S. No. 1

,	-WRITE PLANLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	
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STATE O	F MARYLAND-	-CERTIFICATE	OF	DEATH

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10999
1. PLACE OF DEATH	(C)
County Houard	Registration Dist. No. 192
Village or City West Transdelige	NoSt Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME & aprel tel Defeley	
(a) Residence: No. Was Survey (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Oct 1 1 193 /
5a. If married, widowed, or divorced	(Month) (Day) (Tear)
HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended deceased from
	1931, to CCC 1 , 1931
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw h
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end	muse has confirmation self-29
9. Industry or business in which work was done, as SILK MILL,	The intestinal obstanction was proba-
SAW MILL, BANK, etc.	- toly congenitat in origina . Devy A.
- I spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or county)	
(out of cooling)	
Ĭ.	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy? No-
I	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT Austell Mr. Shepley	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Suguetter Le zud,	
18 BURIAL CREMATION, OR REMOVAL	Manner of injury
Place Date Date 19-3-7	Nature of injury
19. UNDERTAKER Lang Magi	24. Was disease or injury in any way related to occupation of deceased?
(Address) Deplearth Med:	If so, specify
20. FILED Oct & 1987 Mare line In Obebly	(Signed) M. D.
Registrar.	(Address) Landanille mg

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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The principal cause of death and related causes f importance were as follows: Attack of epilepsy Cun over by street car	Date of onset 1 week ago 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	
Fastroenteritis	1 year

ADDITIONAL	SPACE F	OR 1	FURTHER	STATEMENTS	BX	PHYSICIAN

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Howard	Registration Dist. No. 14 7
Village or City Sleeksielle	NoSt,Ward
^	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME acualing inin Stor	te de la companya de
(a) Residence: No. Polantisialle	St Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR IVORCED Sprice the word	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of Corp. WIFE of Villeaux R. Sterie	22. J. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Mov. 6, 1853	I last saw har alive on act 6 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 5,30 Rm. a, m.
83 10 / 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or perticular kind of work done, as SPINNER, House Unife	Laban Preumonia, 10/5/34
9. Industry or business in which work was done, as SILK MILL, Own Lonce	10.7
SAW MILL, BANK, etc	
this occupation (month and 937 spent in this occupation occupation	
12. BIRTHPLACE (city or town) Seeif souville House	Other Contributory Causes of importance:
(State or country) may land.	
13. NAME Of alles A. Secrep son	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN CHAME A LICEUS Water	Whet test confirmed diagnosis to Manual of Was there an autopsy? Mo
The state of the s	23. If death was due to external causes (VIOL ENCE) fill in elso the following: Accident, suicide, or homicide?
State or country)	Where did Injury occur?
17. INFORMANT Me. Dorothy J. Semposes	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mashely Isa Date W. 7, 19.07	Nature of injury
19. UNDERTAKER Castow Sous (Address) Ellie & Lels	24. Was disease or injury in any way related to occupation of deceased?
20. FILED CLAR 7, 1937 X a Michigan Registrar.	(Signed) Charlosympleson M.D. (Address) Saudy Spring Ind
If more blanks are needed, address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salcsman and not a clerk.

	Example I		Example II	
The principal cause of floor of importance were as for Arteriosclerosis	cath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephrit	NOW 4 1025	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1001 3 4001	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory cause	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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statement PHYSICIAN

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. 191 Village or City LLOR (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long In U.S. if of foreign birth?_____mos.____ds. If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write tha word) 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or min. Date of onset 8. Trada, profession, or particular PATION kind of work done, as SPINNER. SAWYER, BDDKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date daceased last worked at 11. Total time (years) this occupation (month and spant in this occupation Other Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation (State or country) What test confirmed diagnosis?___ ----- Was there an autopsy?____ 15. MAIDEN NAME MOTHE 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicida?______ Data of injury______19 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT (Address) LO BURIAL CREMATION, OR REMOVAL Manner of injury Nature of injury... 24. Was disease or injury in any way related to occupation of deceased?_ 19. UNDERTAKER (Address) If so, specify ____

If wore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Address) La wesness

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
NOV 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Regis	tration Dist. Np. 191
No	St Ward
death occurred in a hospital or institution, give i	
as. How long in U.S. If of foreign b	irth?ds.
ung If U. S. Veteran, specify V	VAR
ity, withd.	
MEDICAL CERTIFI	CATE OF DEATH
21. DATE OF DEATH	1
OE (Month)	(Day) 193 (Year)
22. HEREBY CER	TIFY, That I ettended deceased from
1 1 2 19.51	to Old 25 , 1934
I last saw h_CM elive on	193/; daath is said
to have occurred on the date stated ebove, e	
The PRINCIPAL CAUSE OF DEATH and rate were as follows:	nted causes of importance
C. Bronchuel	and aboutant
	1887
Dther Coutributory Causes of Importance:	
Name of operation	
	Was there an autopsy?
23. If death was due to external causes (VIOL	
Accident, suicide, or homicide?	Date of injury, 19
Where did Injury occur?(Specif	y city or town, county and State)
Specify whether injury occurred in INOUSTR	Y, In HOME, or in PUBLIC PLACE.
Manner of Injury	
Neture of Injury	10.0
24. Was diseese or injury in any way ralated to occupetion of deceased?	
If so, specify	Low Hardy
(Signed)	M.D.
(Address)	wind the same

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of Gallstones Gastroenteritis May 1.1923 1 year

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